DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

(X2) MULTIPLE CONSTRUCTION

Printed: 09/17/2013 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 |   |   | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|--|---|--|---|---|-------------------------------|--|
| 50536   |  |  |   | B. WING  |   | 09/17/2013                                |                               |  |
| CAREAGE OF WHIDBEY 311                              |  |  |   |  | TATE, ZIP CODE<br>3RD STREET<br>98239   |   |                               |  |
| (X4) ID<br>PREFIX<br>TAG                            | PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUI  |  |   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) |   |                               |  |
| K 000   | INITIAL COMMENTS   |  |   | K 000  |   |   |                               |  |
|   | conducted at Carea Washington, on Se from the Washington and Eureau, Oak Harbot existing edition of the utilized for the surverse 483.70: Requirement The LTC 112 bed for consisted of a Type no basement and the sprinkled with an aplace. Exit dischare.   | ife Safety Code Survey age of Whidbey, Couptember 17, 2013 by on State Patrol, Fire I or Detachment. The she Life Safety Code very in accordance to 4 ents for Long Term Cacility with a census of V-111, 1 story structure in 1995. The facility with a relarm synge points are to grader surface and lead to | peville, y staff Protection 2000 was 42 CFR are. of 95, cture with lity is fully ystem in lie and |  |   |   |                               |  |
| K 018   | listed below. The facility is not in Safety Code 2000 Deputy State Fire I  | entified during this sun compliance with the Edition as adopted by Faul V  Marshal  AFETY CODE STAN  | Life<br>y C.M.S.  | K 018  |   |   |                               |  |
| SS=E  | Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 |  |   |  |   | RECEIN<br>OCT 09 7<br>FIRE PROTE<br>BUREA | CTION                         |  |
| LABORATO  | RY DIDECTOR'S OR PRO   | VIDER/SUPPLIER REPRES  | ENTATIVE'S SI   |  | ninistator  | ,   | 9/24/13                       |  |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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|--|---|---|--|---|--|-----------------|--|
| 505309   |   |   |  | B. WING   |  | 09/17/2013      |  |
| ŧ  | ROVIDER OR SUPPLIER<br>SE OF WHIDBEY  |   | 311 NO   |   | STATE, ZIP CODE  ' 3RD STREET  A 98239   |                 |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |   |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APP<br>DEFICIENCY) | OULD BE         | (X5)<br>COMPLETION<br>DATE   |
| K 018  | are permitted.  | 9.3.6.3<br>prohibited by CMS re                                     | gulations  | K 018   |  |                 |  |
|  | This Standard is not met as evidenced by: Based on observation and staff interview the facility failed to assure that door openings closed to resist the passage of smoke to corridors. This potentially exposed residents to a smoke/fire environment. Findings include: |   |  | All doors 1-9 will repaired to ensure will close, latch properly. | doors  |                 |  |
|  | from 12:20 PM to 3  | our on September 17<br>:30 PM it was obsendid not close, latch ced: | ed that  |   | Maintenance will er<br>ongoing compliance  | nsure           | 10-21-13   |
|  | <ol> <li>Unit dining room</li> <li>Unit storage roo</li> <li>Soiled utility room</li> <li>Clean utility room</li> <li>Office door next</li> </ol>   |   | om 55<br>om 57   |   | REC  |                 |  |
|  | These findings were acknowledged by the facility Maintenance Director.  |   |  |   | OCT  | 09 7013         | The second secon |
| K 048<br>SS=D  | NFPA 101 LIFE SA  | A 101 LIFE SAFETY CODE STANDARD                                     |  | K 048   |  | OTECTI<br>JREAU | ON   |
| JU-D   |   | lan for the protection  | of all   |   |  | -               |  |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 505309 B. WING 09/17/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CAREAGE OF WHIDBEY** 311 NORTHEAST 3RD STREET COUPEVILLE, WA 98239 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 048 K 048 Continued From page 2 10/21/1B patients and for their evacuation in the event of an emergency. 19.7.1.1 Careage of Whidbey emergency/disaster plan will be reviewed and revised This Standard is not met as evidenced by: Based on record review, the facility failed to yearly. maintain a written plan for the protection of all residents and for their evacuation in the event of an emergency in accordance with the Life Safety Code. Findings include: Maintenance will ensure ongoing An examination of the facility 's emergency plan compliance on September 17, 2013 at 2:00 PM revealed that the plan was last revised/updated on May 7, 2012 These findings were acknowledged by the Maintenance Director. K 066 NFPA 101 LIFE SAFETY CODE STANDARD K 066 SS=D 10/17/13 Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or Please see attached revised compartment where flammable liquids, combustible gases, or oxygen is used or stored smoking policy. and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under

RECEIVED

OCT 09 2474

FIRE PROTECTION BUREAU

FORM CMS-2567(02-99) Previous Versions Obsolete

direct supervision.

permitted.

(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is

(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are

K8RF21

If continuation sheet Page 3 of 4

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| 505309                    |  | B. WING   |  | 09/17/2013   |   |                               |  |
| CAREAGE OF WHIDBEY 311 NO |  |   | DRESS, CITY, STATE, ZIP CODE  DRTHEAST 3RD STREET  EVILLE, WA 98239              |  |   |                               |  |
| (X4) ID<br>PREFIX<br>TAG  |  |   |  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE COMPLETION             |  |
| K 066                     | •  | all areas where smol  | king is  | K 066  |   |                               |  |
|                           | Based upon record observations and significant to adhere to the procedures for the to cause a fire to occur a fire to occur as a fire to occur as with ashtrays and a composition of the docume on September 17, 2 and as informative a residents that were date and safety me | taff interviews, the fathe written smoking facility. This has the ocur due to staff; visit smoking in areas not approved containers. In treview of the smol 2013 at 2:45 PM the as to no smoking poliat the facility prior to asures. | potential<br>tors and<br>equipped<br>king policy<br>plan was<br>icy,<br>o change |  |   |                               |  |
|                           |  |   |  | A MALANTA DESCRIPTION AND A STATE AND A ST | RECEI<br>OCT 09   | 7013                          |  |
|                           |  |   | •  | THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS O | FIRE PROT<br>BURE   | ECTION                        |  |

| SUBJECT: Smoking Policy     | REFERENCE # 1005-35 |  |  |  |
|-----------------------------|---------------------|--|--|--|
| DEPARTMENT: Skilled Nursing | PAGE: 1             |  |  |  |
|                             | OF: 1               |  |  |  |
|                             | EFFECTIVE:          |  |  |  |
|                             |                     |  |  |  |
| APPROVED BY:                | REVISED:            |  |  |  |
|                             |                     |  |  |  |

Careage of Whidbey is a smoke free facility. Residents are not allowed to smoke on facility property. An exception is made for the one resident that was a Long term care resident in this facility prior to it becoming a non-smoking facility. An area in the courtyard is provided for that one resident.

This resident will be individually assessed quarterly on her safety and ability to smoke unsupervised and the appropriate care plan will be implemented.

If this resident is shown by assessment to be at risk to smoke unsupervised then facility will provide supervision while smoking.

Resident will be offered smoking apron

Oxygen is not allowed within 25 feet of the smoking area in the courtyard while this resident is smoking.

At the time that this current resident is no longer smoking at our facility, this facility will be a non smoking facility for all residents.

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